



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
FILEDAPR 25 2023
APR 25 2023BY
BY

2019

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1. Entity ID Number 744954		2. Exact name of the Corporation YACHT CHARTER COMPANY			
3. Principal Office Address 8 FREEBODY Street, P.O. Box 549			City NEWPORT	State RI	Zip 02840
4. NAICS Code 713990		6. Brief description of the character of business conducted in Rhode Island THE ACQUISITION, OWNERSHIP & MAINTENANCE of YACHTS, BOATS & VESSELS.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name WILLIAM MICHAELIS.			Vice-President Name GLORIA MICHAELIS		
Street Address 425 DAUENPORT AVENUE			Street Address 425 DAUENPORT AVE		
City NEW ROCHELLE	State NY	Zip 10805	City NEW ROCHELLE	State NY	Zip 10805
Secretary Name JAMES F. HYMAN.			Treasurer Name GLORIA MICHAELIS		
Street Address 8 FREEBODY STREET, P.O. BOX 549			Street Address 425 DAUENPORT AVE		
City NEWPORT	State RI	Zip 02840	City NEW ROCHELLE	State NY	Zip 10805
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100.	CLASS/SERIES	PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative WILLIAM MICHAELIS					Date 4/15/2023
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov